## **CDSCC VOLUNTEER INFORMATION**

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Date starting

(This information is confidentially kept by the CDSCC, and is used for administrative purposes only).



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□Mr	Last Nar	me		A USTRALIT
□ Mrs □ Ms	First Na	me(s)		
☐ Miss				
□ Other, specify				
Contact Details				
	Street A	ddress		
	Suburb		State	Postcode
	Phone:	Home:		Fax:
	1 1101101			
		Work:		
		Mobile:		
		eMail:		
I preferre	ed to be co	ntacted at □Home □Work □Mobile □el	Mail □Anv of	the above
<u> </u>				
In Cas	e of Em	ergency		
	Name			
	Relation	ship		
	Phone:	Home:		Work:
		Mobile:		
		eMail:		
Preferred method of contact □Home □Work □Mobile □eMail □Any of the above				
Personal Information				
	Doto of	Birth/		
Employment Status □Employed □Unemployed □Retired □Student □Other, specify				
	Do you	have any medical conditions we should	know about?	Please provide details.
<b>F</b>	/ 1	((-		Professed House / Availability
1	ience / In			Preferred Hours / Availability What would be your preferred times to work?
What	relevant wo	ork/volunteer experience do you have?		□Saturday □11am - 3pm □1pm - 5pm
				□Sunday □11am - 3pm □1pm - 5pm □Public Holidays □11am - 3pm □1pm - 5pm
				Are you available at other times?
				Weekdays, during School Holidays □11am - 3pm
				Weekday evenings, during Summer □4pm - 8pm
What are your interests, skills, & hobbies?				How often would you like to volunteer?  □Weekly □Fornightly □Monthly □Anytime
				Are you available on short notice?
			□2-3 hours □1-day □1-week □Anytime	
				Would you be available for a full-day (6 hours)? eg: On our <b>Space Open Day</b> □Yes □No
Thankyou for completing this form. Please forward to:				
Canberra Space Centre Volunteers, PO Box 1035, Tuggeranong ACT 2901 or fax: 02 6201 7975				
Further details, please contact Glen Nagle or Candy Bailey, phone: 02 6201 7838/968 or email: cdscc-prc@anbe.cdscc.nasa.gov				
Office Use Only  Date received/				
Date rece		.ll		pproved by:
Date appl			Application	pp10104 by